

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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# Housing Authority of the City Of Byron, Georgia

## Small PHA Plan Update

## Annual Plan for Fiscal Year 2002

**NOTE: THIS PHA PLAN STEM PLATE (HUD50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHAName:** Housing Authority of the City of Byron, Georgia

**PHANumber:** GA-243

**PHA Fiscal Year Beginning:** 07/2002

**PHA Plan Contact Information:**

Name: Robert H. Brown, Executive Director

Phone: (478) 956 - 3135

TDD:

Email (if available): [byrha@alltel.net](mailto:byrha@alltel.net)

**Public Access to Information**

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

**PHA Programs Administered :**

- Public Housing and Section 8
- Section 8 Only
- Public Housing Only

**Annual PHA Plan  
Fiscal Year 20 02**  
[24CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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**ii. Executive Summary**

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Byron Housing Authority, using all of its available resources has moved forward in the accomplishment of the goals and objectives previously outlined. The Capital funding we received in FY's 2000 & 2001 has enabled us to renovate/modernize many of our units, greatly improving the quality of life for our residents. That is clearly our mission and we shall continue to work and assure its fulfillment.

**1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

We do not expect there to be any significant changes to our policies or programs during the upcoming year, other than our Community Service work will be delayed for FY 2002 due to the restriction on expending any FY 2002 funds on operation of that program.

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A.  Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? At this time, we are not aware of what our grant will be, but fully expect it to exceed somewhat the \$55,537 we received in FY 2001.

C.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

**(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment A

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description</b> (Not including activities associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24CFR Part 903.79(r)]

**A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment E

3. In what manner did the PHA address those comments? (select all that apply)

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included  Yes  No: below  Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment   E  .
- Other: (list below)

**B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Georgia

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

### **C. Criteria for Substantial Deviation and Significant Amendments**

#### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-year Plan:**

**The Byron Housing Authority would consider any change to its Mission Statement and/or the Goals/Objectives outlined in its Five Year Plan a substantial deviation.**

#### **A. Significant Amendment or Modification to the Annual Plan:**

**A change to the Housing Authority Rentor Admission Policy or to the organization of four waiting lists; changes relative to demolition, disposition, designation, conversion or homeownership programs would be considered significant amendments or modifications to the Annual Plan. Also any expenditure of four Capital Funding for items other than what we have outlined in the Five Year Plan would be a significant amendment or modification.**

## Attachment A

### Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
X	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing development assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

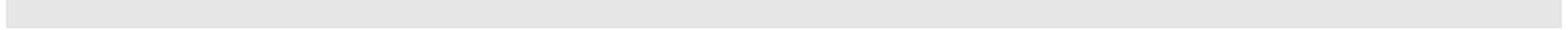
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: HOUSING AUTHORITY OF THE CITY OF BYRON, GEORGIA		Grant Type and Number Capital Fund Program: GA06P243501-02 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	\$1,000			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$49,317			
11	1465.1 Dwelling Equipment — Nonexpendable	\$2,737			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$53,054			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

<b>Annual Statement/Performance and Evaluation Report</b>				
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>				
PHAName: HOUSING AUTHORITY OF THE CITY OF BYRON, GEORGIA		Grant Type and Number Capital Fund Program: GA06P243501-02 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF THE CITY OF BYRON, GEORGIA			Grant Type and Number Capital Fund Program #: GA06P243501-02 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
GA243								
HA Wide	Renovate/Modernize 10 Units							
	New Kitchens; New Baths; New							
	Flooring; Thermal Windows							
	; Interior Paint	1460	10	\$49,317				
	New Ranges & Refrigerators	1465.1	10	\$2,737				
	Operations	1406		\$1,000				







**Required Attachment \_\_ D\_\_: Resident Member on the PHA Governing Board**

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

Elected

Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member: 07/30/2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mr. Robert Wright, Mayor, Byron, Georgia and the City Council.

**Required Attachment \_\_\_\_\_ E \_\_\_\_\_: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

- Ms. Barnette Bender, 118 Boy Scout Road, Apt#107, Byron, GA 31008
- Ms. Dorothy Smith, 503 Boy Scout Road, Apt#330, Byron, GA 31008
- Ms. Wykisha Williams, 503 Boy Scout Road, Apt#226, Byron, GA 31008
- Ms. Ellie Smith, 118 Boy Scout Road, Apt#106, Byron, GA 31008
- Ms. Helen Woodson, 503 Boy Scout Road, Apt#327, Byron, GA 31008

The Resident Advisory Board met on several occasions to review and make input into the Plan. Once again they all stressed that there was an urgent need to modernize and renovate the units. They were very appreciative of the work that had been accomplished, and urged that we continue it as soon as possible. Central Heat & Air Conditioning was again very high on their list, but they understood that with limited funding, we had to prioritize and do the most urgent things such as roofing, flooring, painting, new bath setc., first. Based on this we saw no need to change or amend our plan, but continue to work toward our goals and objectives.

Attachment "T"

**Component 10(B), Voluntary Conversion Initial Assessments**

a. How many of the PHA's developments are subject to the Required Initial Assessments? Since the Byron Housing Authority only one development – only it required as Initial Assessment.

b. How many of the PHA's developments are not subject to the Required Initial Assessment based on exemptions (e.g. elderly and/or disabled developments not general occupancy projects)? The Byron Housing Authority has no developments which were not subject to the Required Initial Assessment.

c. How many assessments were conducted for the PHA's covered development. Only one assessment was conducted and that was a comparison between our current operating cost per unit vs FMR rents for comparable size units in our general area.

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: Based on our initial assessment, we do not believe our PHA development is appropriate for conversion.

e. If the PHA has not completed the Required Initial Assessment, describe the status of these assessments: Our Required Initial Assessment has been completed and our recommendation to not convert has been sent to our HUD Field Office in Atlanta.

**Required Attachment F: Brief Statement of Progress in Meeting the Five Year Plan Mission and Goals:**

We are performing our mission of providing safe, decent and affordable housing to low and moderate income families with a constant 100% occupancy rate. We believe that we are operating as efficient and cost effective as possible.

We knew that many of our goals would be very difficult to meet, especially "expanding the supply of assisted housing". We considered responding to a Georgia Dept of Community Affairs, Rural Rental Housing Development Fund (RRHDF) Request for Qualifications (RFQ), only to learn that if you did not have at least 50 units under management, you could not apply, so we have not made any headway toward that goal achievement. Our second goal was to "improve the quality of assisted housing". Our Capital funding for years 2001 and 2002 have permitted us to make some significant improvements (new roofs, new kitchens, baths with shower, new flooring, etc.) in our units and bring a number of them up to a level consistent with our mission. We will continue to improve the units with additional Capital funding as soon as we can draw it down.

All of our units are located in an area of extremely low income families and distressed, rundown, homes both privately owned and rentals. We fully understand that Public Housing in this area is for very low and low income families and that is what it will continue to be. We are doing and will continue to do all that we can to meet and exceed our goals and move forward in the accomplishment of our mission.

Attachment "H"

**Component 3.(6).Deconcentration and Income Mixing:**

Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule?

No! The Housing Authority of the City of Byron, Georgia is exempt from the Deconcentration and Income Mixing Requirement because the total number of Public Housing Units is less than 100 – We only have a total of 32 Units .  
(CFR 903(2)(b)(2))

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: HOUSING AUTHORITY OF THE CITY OF BYRON, GEORGIA		Grant Type and Number Capital Fund Program Grant No: GA06P243501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	\$2,000		\$2,000	\$2,000
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$1,000		\$1,000	\$1,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$52,737		\$52,737	\$52,737
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines...2 -19..)	\$55,737		\$55,737	\$55,737
21	Amount of line XX Related to LBP Activities				



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF THE CITY OF BYRON, GEORGIA			Grant Type and Number Capital Fund Program Grant No: GA06P243501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
GA243								
HA Wide	Purchase Computer; Printer & Internet Provider Service		1408		\$2,000		\$2,000	Complete
	Fees & Costs		1403		\$1,000		\$1,000	Complete
	Re-hab 10 Units New Kitchens & New Baths New Roofs		1460		\$52,737		\$52,737	Complete
	Total				\$55,737		\$55,737	



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: HOUSING AUTHORITY OF THE CITY OF BYRON, GEORGIA			<b>Grant Type and Number</b> Capital Fund Program No: GA06P243501 -01 Replacement Housing Factor No:			<b>Federal FY of Grant:</b> 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
GA-243HA							
WIDE	2/2003		3/2002	4/2004		3/2002	



**Capital Fund Program Five - Year Action Plan**  
**Part I: Summary**

PHANameHousingAuthorityof theCityofByron,Georgia		<input type="checkbox"/> Original 5 - Year Plan <input checked="" type="checkbox"/> Revision No: 2			
Development Number/Name/HA- Wide	Year1	WorkStatementforYear3 FFYGrant:2002 PHAFY:6/30/2003	WorkStatementforYear4 FFYGrant:2003 PHAFY:6/30/2004	WorkStatementforYear5 FFYGrant:2004 PHAFY:6/30/2005	WorkStatementforYear6 FFYGrant:2005 PHAFY:6/30/2006
	Annual Statement				
GA243		Re-Hab/Modernize10Units	Re-Hab/Modernize2Units	CentralHeat&Air Conditioning -10Units	CentralHeat&Air Conditioning -10Units
HAWide		NewRoofs/NewKitchen Cabinets/NewBaths/NewFloors	NewRoofs/NewKitchen Cabinets/NewBaths/NewFloors - \$11,148		
			CentralHeat&AirConditioning -8 Units -\$44,589		
TotalCFPFunds (Est.)		\$55,737	\$55,737	\$55,737	\$55,737
TotalReplacement HousingFactorFunds					

**Capital Fund Program Five - Year Action Plan  
Part II: Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year: <u> 3 </u> FFY Grant: 2002 PHAFY: 6/30/2003			Activities for Year: <u> 4 </u> FFY Grant: 2003 PHAFY: 6/30/2004		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	GA243HAWide	Roof 10 Units	\$25,000	GA-243Wide	Roof 2 Units	\$5,000
		Kitchen Cabinets/Tops	\$15,000		Kitchen Cabinets/Tops	\$3,000
		Tub Surrounds/Lav's			Tub Surrounds/Lavs	
		Floors	\$15,737		Floors	\$3,148
					Central Heat & Air - 8 Units	\$44,589



<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHAName: HOUSING AUTHORITY OF THE CITY OF BYRON, GEORGIA</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P243501-00 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$2,000		\$2,000	\$2,000
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$1,000		\$1,000	\$1,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$51,700		51,700	51,700
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: HOUSING AUTHORITY OF THE CITY OF BYRON, GEORGIA		Grant Type and Number Capital Fund Program Grant No: GA06P243501-00 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
20	Amount of Annual Grant: (sum of lines...2 -19..)	\$54,700		\$54,700	\$54,700
21	Amount of line XX Related to LBP Activities				
22	Amount of line XX Related to Section 504 compliance				
23	Amount of line XX Related to Security --Soft Costs				
24	Amount of Line XX related to Security --Hard Costs				
25	Amount of line XX Related to Energy Conservation Measures				
26	Collateralization Expenses or Debt Service				





